



Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

## Complete if Known

Application Number	09/724,902
Filing Date	November 28, 2000
First Named Inventor	Kenneth H. Abbott
Examiner Name	Viet Duy Vu
Art Unit	2154
Attorney Docket No.	890057.402

## METHOD OF PAYMENT (check all that apply)

- ☐ Check   ☐ Credit Card   ☐ Money Order   ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account   Deposit Account Number: 19-1090   Deposit Account Name: Seed IP Law Group PLLC  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☒ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, **except for the filing fee**  
☒ Charge any additional fee(s) or underpayments   ☐ Charge any underpayments or credit any overpayments  
 of fee(s) under 37 CFR 1.16 and 1.17

**Warning:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____

## 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>
<u>105</u> -20 or HP =	<u>18</u> X	<u>25</u> =	<u>\$450.-</u>	<b>Fee (\$)</b> <b>Fee Paid (\$)</b>

HP = highest number of total claims paid for, if greater than 20.

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
<u>18</u> -3 or HP =	<u>3</u> X	<u>100</u> =	<u>\$300.-</u>

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ -100 =	_____ /50 =	_____ (round up to a whole number)	x _____	_____

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): <u>3 Mo. Extension of Time Fee</u>	<u>510.</u>
<u>RCE Fee under 1.17(e)</u>	<u>395.</u>

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	43,985	Telephone	206-622-4900
Name (Print/Type)	James A. D. White	Date	July 3, 2006		